

**ATTACHMENT A
DETERMINATION OF ABILITY TO
CONSENT TO PROTECTIVE SERVICES**

CLIENT NAME: _____

CASE # _____

Disabled adult has an understanding of his/her protective service needs: ☐ Yes ☐ No
Describe why/why not.

Disabled adult has an understanding of the consequences of accepting or refusing protective services: ☐ Yes ☐ No **Describe why/why not.**

Disabled adult has the ability to consent to protective services: ☐ Yes ☐ No
Summarize basis for decision (tests performed, other professional evaluations, etc.):

Client has ability to consent and refuses protective services. ☐ Yes ☐ No

Client lacks ability to consent to protective services. Protective services will be provided by the following means:

- | | |
|--|--|
| <input type="checkbox"/> Order for PS obtained | <input type="checkbox"/> Interim Guardianship |
| <input type="checkbox"/> Emergency PS order obtained | <input type="checkbox"/> Guardianship |
| <input type="checkbox"/> Ex Parte order obtained | <input type="checkbox"/> Awaiting Guardianship order |
| <input type="checkbox"/> Order pending (indicate type) | <input type="checkbox"/> Durable Power of Attorney |

Social Worker's Signature

Date